2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P00000033177 01-27-2006 90026 017 ***158.75 1. Entity Name INVERSIONES ATLANTIC, INC. Principal Place of Business Mailing Address 60007060 9737 NW 41 ST. 9737 NW 41 ST. 186 186 MIAMIL FL 33178 MIAMI, FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 65-1014970 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Daniel Tomes STROM, MAX Street Address (P.O. Box Number is Not Acceptable) 9737 NW 41 ST., #186 MIAMI, FL 33178 41 St. St. # 18C 9737 2 Zip Code 33178 mani 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Tornes 01/17/06 - oures SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE Delete Change Daniel Tures STROM, MAX NAME NAME 9737 NW 415+ STREET ADDRESS STREET ADDRESS 9737 NW 41 ST., #186 mizur, Fe 33/78 MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ■ Addition ☐ Delete TITLE TILE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Jan 27, 2006 8:00 am

01/17/06

Daytime Phone #